
Student Lives With
(check all that apply)

Both Parents
Father Only
Mother/Step father
Stepfather or Stepmother
Agency
Other

Mother Only
Father/Stepmother
Grandparents
Guardian
Self

Military Family

U.S. Armed Forces active duty
National Guard Member
More than one member of armed forces/National Guard
No Affiliation
U.S. Armed Forces reserves
Data Not Available
No Response/Refused to state

Language you currently Speak

Language Spoken at home*

Native Language*

A response of language other than English () requires a WELPA Testing Date (please enter date month, day, year - ex: xx/xx/xxxx)

Homelessness

Shelters

Doubled-up

Unsheltered

Hotels/Motels

Not Homeless

Emergency Contact Name _____

Relationship _____ Phone _____

PERSONAL BACKGROUND

Have you graduated from high school? Yes No

Did you ever have an IEP or 504 plan? Yes No

Disability (learning, physical, or other) Yes No

If yes, are you interested in working with Disability Support Services? Yes No

VERIFICATION OF INFORMATION

The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment.

Legal Student Name Printed

Signature (print and sign): _____ Date

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